NRC FORM 567 (09-2013)



## REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5. NOTE: Retain a copy of this request with the application and background files. REQUESTER REGION/LOCATION: III IV **OCHCO LFARB** TELEPHONE NUMBER DATE (MM/DD/YYYY) TYPE OF ACTION REQUESTED (Check as appropriate) NAME OF APPLICANT AMENDMENT OF **SOURCE REVIEW REGISTRATION SHEET** MAIL CONTROL NUMBER(S) **DEVICE REVIEW** NUMBER(S) **CUSTOM REVIEW** LICENSE NUMBER(S) LETTER/APPLICATION DATE COMMENTS: FOR SSSS USE ONLY REVIEWER MODEL NUMBERS NUMBER ASSIGNED DATE RECEIVED DATE ASSIGNED DATE TO FEES TYPE OF ACTION (Indicate the number of each type) USE BY A SINGLE APPLICANT (CUSTOM) COMMERCIAL DISTRIBUTION (FORMAL) SOURCE (9C) SOURCE (9D) DEVICE (9B) DEVICE (9A) NEW NEW NEW NEW **AMENDMENT AMENDMENT AMENDMENT AMENDMENT** LICENSING ACTION NO SAFETY EVALUATION REQUIRED YES **REQUIRED** NO FEES REQUIRED NO (IF KNOWN) OTHER (Specify) TOTAL NUMBER OF NOTES **REVIEW HOURS** NUMBER OF **DEFICIENCY LETTERS** NUMBER OF DEFICIENCY CALLS FOR FEE USE ONLY TYPE OF FEE FEE CATEGORY 9A 9B 9C 9D AMOUNT RECEIVED CHECK NUMBER DATE OF CHECK LOG APPROVED BY DATE OF RETURN COMMENTS